

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****ORDER DISCHARGING ARREARS****CASE NO.**

Court address

Telephone no.

Plaintiff's name and address

Defendant's name and address

v

Attorney:

Attorney:

1. Date of hearing: _____ Judge/Referee: _____ Bar no.

THE COURT FINDS:2. The payer, _____, requested this court to enter an order for payment plan under
Name
MCL 550.605e. An order for payment plan was entered on _____ .
Date

3. The payer provided notice of this hearing to the other party and his/her attorney and other interested persons.

4. The payer ☐ did ☐ did not appear.5. The payer ☐ complied ☐ substantially complied ☐ did not comply with the order for payment plan.

6. Other: _____

IT IS ORDERED:☐ 7. The payer's arrears are discharged.☐ 8. The payer's arrears remain as currently reflected by the records of the friend of the court in this case with no adjustment.

9. Other:

Date

Judge

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties and their attorneys and other interested persons by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature